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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date			
							Applicant(s) PETIT, Frederic					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	x						51					
2		x					52					
3		x					53					
4		x					54					
5		x					55					
6		x					56					
7		x					57					
8		x					58					
9		x					59					
10		x					60					
11		x					61					
12		x					62					
13		x					63					
14		x					64					
15		x					65					
16		x					66					
17		x					67					
18		x					68					
19	x						69					
20		x					70					
21		x					71					
22		x					72					
23		x					73					
24		x					74					
25		x					75					
26		x					76					
27		x					77					
28		x					78					
29		x					79					
30	x						80					
31		x					81					
32		x					82					
33		x					83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	30						Total Depend					
Total Claims	33						Total Claims					

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